

St. Justin's Parish Children's RCIA Registration

CHILD'S NAME _____

DATE OF BIRTH _____ CITY OF BIRTH _____

BAPTIZED YES ___ NO ___ DENOMINATION _____

COPY of BAPTISM CERTIFICATE REQUIRED YES NO

SACRAMENTS RECEIVED _____

SACRAMENTS REQUIRED _____

CHILD'S SPONSORS NAME Roman Catholic

MOTHER'S NAME _____ +MAIDEN _____

BAPTIZED YES NO DENOMINATION _____

FATHER'S NAME _____

BAPTIZED YES NO DENOMINATION _____

ADDRESS _____

PHONE _____ EMAIL _____

FOR OFFICE USE:

Copy of Baptism Certificate Obtained _____

Fee \$20.00 _____ or _____ as quoted for family.

Comments: _____ -

